his snails have been described from some of the affected foci.

ANCYLOSTOMIASIS. Hookworm infection occurs in Lahej and a few agricultural centers in Western Aden Protectorate. *Necator americanus* has been identified in the cases treated at the Civil Hospital in Aden.[20]

OTHER HELMINTH INFECTIONS. Infections with one or more types of intestinal worms are prevalent, particularly among the peoples of the Protectorate. Ascariasis is widespread; Trichuriasis and, to a lesser extent, enterobiasis are common. Hydatid disease is reported among individuals from the Colony and from the interior. Infection with the beef tapeworm, *Taenia saginata*, is enzootic among the cattle in the tribal districts, and human infections are undoubtedly frequent. Cases are occasionally encountered among immigrant families in the Colony. The pork tapeworm, *T. solium*, is rare, but infections are sometimes seen in the Aden hospitals.

OTHER INFECTIONS. *Brucella melitensis* is enzootic among the goats in this area, and Malta fever is diagnosed from time to time in the Colony hospitals and dispensaries.

DISEASES SPREAD CHIEFLY THROUGH THE RESPIRATORY TRACT

TUBERCULOSIS. Tuberculosis is one of the most prominent diseases affecting the inhabitants of southern Arabia, but no precise information is available, except for Aden Colony. The high degree of undernutrition and overcrowding, and the low standards of personal hygiene and sanitation prevailing among large sections of the population, favor the spread of the infection. The disease is probably prevalent among the women who are confined to close quarters by the *purdah* system and among the young children in close contact with them. In a small tuberculin test survey covering 95 Aden township schoolboys of 7 to 12 years of age, in 1941,[3] positive reactions were obtained in 36 per cent—a rate which ranks high among those usually found in

urban communities in the Middle East. Pulmonary infections predominate, but other forms of the disease are also observed.

Tuberculosis is widespread in the immigrant populations in Aden, as shown by the fact that 58 to 70 per cent of the cases of pulmonary tuberculosis recorded in the three years 1948-50 were in nonresidents. Among the 330 cases reported in 1950, Aden was the place of origin in 132, Yemen in 101, Western Aden Protectorate in 99, Eastern Aden Protectorate in 12, and Somaliland, India and other countries in the remainder. In the decade 1941-50, the number of deaths attributed to pulmonary tuberculosis ranged from 111 to 261 a year, with peaks of prevalence associated with large migrations of immigrants.

Although tuberculosis has long been regarded as a major cause of sickness and death in the Colony, few facilities for diagnosis and treatment existed before 1941. In that year, the health authorities initiated a campaign for the reduction of tuberculosis in all economic groups of the population. The diagnostic services were reorganized and X-ray equipment provided. Special wards were also added to the civilian hospitals; the number of beds available for the treatment of tuberculosis was increased from 18 in 1945 to 150 in 1951. As a further preventive measure, a program of supervised domiciliary treatment was introduced in 1947 to furnish care to persons who could not be hospitalized.

Following the organization of the anti-tuberculosis campaign, there was a decrease in the specific death rates from around 29.3 per 10,000 population in the period 1931-44 to 11.3 in 1950. In the latter year, the corrected rate for the local population alone was 8.4 per 10,000. A tuberculin testing and BCG inoculation program was planned for 1952 by the Medical and Health Department, in co-operation with the World Health Organization.

Smallpox. In spite of the fact that localized epidemics of smallpox are recurrent in the Protectorate, no outbreaks have been

p. 247(6)